

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61			
2							62			
3							63			
4							64			
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36							96			
37							97			
38							98			
39							99			
40							100			
41							TOTAL IND.			
42							TOTAL DEP.			
43							TOTAL CLAIMS			
44										
45										
46										
47										
48										
49										
50										

PTC-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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